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amounted to eighty-seven cases, or three-fourths of the total. Only sixty-four cross infections took place in the isolation wards.

In the five years, thirty-three employees contracted an infectious disease. Twenty-four, or over three-fourths, were pupil nurses.¹ The diseases contracted were scarlet fever or diphtheria, with these exceptions: four cases of mumps and one of rubella. The incidence of infectious diseases among employees was, in 1913, 6.7 per cent and, in 1914, 4.2 per cent.

I know of no way absolutely to prevent cross infections in hospitals. Our limitations in recognizing at the first moment the exact diagnosis make this impossible, so long as we allow two or more children to associate during hospital residence. From the results already reported it would appear:

(1) That patients suffering from different diseases need not be housed in separate pavilions, inasmuch as atmospheric contagion is rare.

(2) That proper disposition and rigid asepsis will accomplish for patients suffering from the usual contagious diseases what surgical asepsis has done for surgery.

IN GLEIWITZ

UNIT I, AMERICAN RED CROSS, AT WORK

BY DONNA G. BURGAR, R.N.

We arrived in Gleiwitz at one o'clock, noon, and went at once to the Garrison Lazarett, in carriages, each nurse with suit case and duffel-bag under her immediate supervision. There we were graciously received by the commanding surgeon and captain of the garrison. German was spoken, and both were delighted that so many of the nurses spoke the language of the country. The supervisor of the Unit acted as interpreter for the American Director and a conference was arranged for the same afternoon, to make plans for our coming work. We drove from the reception to the *Deutsches Haus*, which proved to be our home for the next few days, until our permanent living quarters were provided. Certainly all arrangements were expeditiously made, for immediately after luncheon came the conference, the trip to the *lazarett*s (military hospitals) which could be assigned to us, then the evening meal, to bed early, and to work the next morning at half-past seven.

¹ Seventy or eighty pupil nurses are received each year for training.

The *lazarett*, with the best possibilities for development for operating room work and the care of the severely wounded seemed to be the city theatre, which could accommodate seventy-eight cases, sixty-two downstairs, in the lobby, and sixteen in an upper reception room which was to be used for an operating and dressing room. This theatre had been hurriedly opened that week and put in charge of a military officer and a Sister who, with the help of a visiting doctor, had cared for seventy-five soldiers, for two days and nights. The Sister was most cordial and very helpful to the supervisor, going over everything with her. The theatre was supposed to have only slightly wounded cases, which practically means that each man is able to walk to the men's room, wash and feed himself, and make his bed, but among these cases were several bed-patients, one severely ill with pneumonia and several who could not wash or feed themselves, and it made it rather difficult for those who had the first days care of them, without more nurses and doctors. The first morning in the theatre was a never-to-be-forgotten one, for it was a living picture of the tragedy of war. It is perfectly easy to imagine a hospital filled with wounded, but it is difficult to imagine a theatre, and it was just as difficult to realize it when we saw it, for we could scarcely believe the picture was a reality, and not a play. The stage, the boxes, and the galleries were there, just as you would see them in any theatre, at any time, but there were no chairs nor seats for the patrons. In their places stood beds, low, slatted, iron beds covered with straw ticks, a single straw pillow, and a blue checked bed cover, on which were put the one or two blankets for covering. Beside the low, old-fashioned iron beds were plain pine tables, one table for every two beds, where all the last bare necessities for maintaining the life of man were kept; the dark bread, the daily allowance of butter, the knife, fork, and spoon, tobacco, soap, and pocket comb, and occasional toothbrush, but always a much worn picture of the wife, the children, or the sweetheart, and sometimes a few pieces of sweet chocolate—all in one small drawer. But if we did not see orchestra chairs, neither did we see the ordinary theatre-goers, dressed comfortably and well, intent on pleasure, with laughter on their faces and joy in their voices. In their places we saw many weary soldiers, away from those they loved, alone, except perhaps for the comrades of their regiment—for the soldiers all have comrades—and their devotion to each other is splendid to see. Instead of the gay theatre attire we saw the worn, mud-stained, torn uniform, with the dark, dried blood stains, telling the tale of wounds of hours and days before.

The first walk through the rows of blue-checked beds with the German nurse or Sister, as all foreign nurses are called, she in her

black cloth garb and black bonnet, forcibly made us realize the calibre of the German soldier. It was eight o'clock, and every man was washed and his hair combed, every bed was made, and the floor was being swept by the orderlies. There was order on every side and it was a pleasure to look at the clean, frank faces, the good physique, and to see the contentment amongst them, as they lay in their beds, sat at their tables, or walked to and fro, to the lounging corner in the foyer. Later we learned to know the childlike obedience of these clean, strong man; their patience, and courage in suffering, their honor, honesty, and frugal ways.

Our unit was quickly distributed to working centers, one nurse upstairs with the sixteen patients, others in the body of the theatre, others in the entrance corner of the foyer, for dressings, others to arrange the operating room. The doctors began the work of seeing the patients and doing dressings, for our own army instrument trunks and some of our supplies were already there, in readiness for our work.

There were a few bullets extracted that day, all dressings were done, and histories taken. These were dictated by the doctors to the German *helferin*, or helping nurses, in English, and then translated by them into German, for the military records. Often an American Sister had to help in getting these notes down correctly, as the *helferin* were not accustomed to the routine terms of medical notes, the doctors spoke as rapidly as they worked, and the continual use of the English language, for a morning or a whole day, was new to them. However, they did splendidly, for it must be remembered that these *helferin* have only a short practical and theoretical training of six weeks' hospital, and three months of lectures, and that they come from the better families, where they have no real responsibilities. They are all young women of from nineteen to twenty-five years of age. The system of *helferin* could not possibly work so well in any country as it does in Germany, where the word system means system, and where an order given in military headquarters, is obeyed to the last detail, even to remotest persons and places concerned. Two of the nurses, both speaking German, were detailed for night duty, one for the upper division and one for the lower. The next day found all in their appointed places, each ready to do her part, enthusiastic and interested. The theatre was gone over for the best adaptation to our needs and gradually all space was utilized. The operating room and dressing room were screened off in the lower foyer by using the long coat and hat racks, with sheets pinned over them for screens. Later in the week these screens were replaced by temporary rough board partitions, put up by the military carpenter and painter, who worked between operations and dressings. The operating

table was improvised from two carpenter's horses, with broad boards laid over them, the only padding for the patient's comfort being a folded blanket. The sterilizing of instruments was done on the small U. S. Army field alcohol stove and the sterilizing of dressings and operating supplies was done for us by one of the smaller *lazarets*, which had a steam sterilizer. The instruments were kept always in the army field trunks. A partly-broken hat tree made a satisfactory irrigating stand, a glass flower vase was used for the sterile thermometer for hot irrigations, more carpenter's horses, with rough boards from the packing boxes nailed on the top, were utilized for an ether table, for arm and leg rests in the dressing room and for stretcher rests. The marble top on the hot water radiator made an excellent scrubbing up table for the doctors, and the window ledges were sufficiently wide to hold the hot and cold water pitchers. A packing box made a good clothes hamper, and an old counter set near the wall in the dressing room was a stow-away corner for the daily supplies for operating and dressing room. All surgical supplies were left in their original packing boxes and stored in the wide space on the stage back of a fireproof curtain. The doctors' sleeping room for night emergency calls was the second balcony box, entirely open to the ward except for the coat and hat rack screen, and the lower boxes were used for store places for the extra linen, pillows and blankets for the ward. Newspapers were used for everything—for sputum cups, for rubber sheets for the beds, or for the dressing rubber and bath rubber.

Probably the most interesting thing that was improvised was the "dressing car," a wheel chair, a donation to the *lazarett* by a townsman, but too small for any of the soldiers to use and at first thought to be of no use to us. With the assistance of an orderly, one of the nurses was able to make a useful dressing wagon by constructing a wooden tray to fit across the wicker arms of the chair and using the narrow seat as a second tray and the foot rest as the place for the soiled dressing pail. The tourniquet always accompanied this dressing car for one never knew at what moment a hemorrhage might occur.

At the rear and right side of the stage were the rooming places of the military petty officer in charge of the military administration of the hospital and the orderlies. In the actresses' dressing room on the second floor, back of the gallery and to the right side of the stage space was the dormitory or barracks, as it was called, for the superior and five of the nurses. The individual sections were screened off by more of these handy coat and hat racks, only this time they were covered with heavy brown wrapping paper instead of sheets. The other nurses roomed in the very front of the theatre in a residential portion,

on the *Wilhelmstrasse*. The linen room, cared for entirely by the society of German women corresponding somewhat to our Daughters of the Revolution, was inconveniently situated on the third floor over the nurses' dormitory. The kitchen was in the basement and under military management, all orders for food going by requisition to our superior and through her to the petty officer. The wine closet and beer counter made a good medicine chest and table for serving the patients' diets.

The theatre building is an extensive and comprehensive one, extending over two-thirds of a block and it has everything in it; moving picture show, restaurant, bakery, public bath and swimming pool, hairdressers, barber shop, shoe store, flower store, furniture store, jewelers, apothecary, photographer, ladies' tailor, military tailor, wine shop and family apartments. In the rear is a large garden for the summer plays and music and the out-of-door eating which is so much a part of German life. In the front of the theatre is a sunken garden street with a small pool and water plants, shrubs, flower gardens and benches for the use of the public. There are a number of thrifty mountain laurel bushes, a cultivated variety, as the wild mountain laurel does not grow here as it does in our country.

In a short time our work expanded, for two other hospitals were put under our charge, both private hospitals or *kliniks* in time of peace, each accommodating twenty-five patients. These *kliniks* were used for officers as well as soldiers, as some of the rooms were beautifully furnished and equipped. A day nurse and night nurse had to be stationed in each of these, so by the end of the second week our forces were pretty well scattered, but again the *helferin*, under the supervision of a graduate nurse, made it quite possible for the wounded to be well cared for, even with the emergencies with which we were continuously confronted.

All these *lazarets* were within a radius of four blocks, so the distances for the coming and going of the doctors and nurses was not great. Our meals were provided for us in a private dining room in the theatre restaurant, a convenient situation, but later arrangements were made for eating at the Gleiwitz Casino, the men's City Club House; a quiet place with better service and more comfortable for everyone, although it was a walk of three blocks from our place of work.

The first transfer of patients came within twenty-four hours of our taking charge of the *Viktoria Lazarett*. Orders came to have all patients who could sit up for a long journey on the train gotten ready for transfer, as a transport with wounded was coming to Gleiwitz and we were to receive the most badly wounded. About thirty men were sent out,

dressed in full uniform, just as they had come from the field. It was pathetic to see them as their clothes were well worn, wrinkled and stained; boots hard from exposure to wet, and their helmets, coats or trousers pierced or torn by bullets. But they were happy, content to go along farther into the interior, grateful for the care, and willing to vacate their places for others in a worse condition than they.

On another day an order came which practically cleared our *lazarett*. A hospital train fully equipped with doctors, nurses, orderlies, operating department, linen and culinary department, was to take our wounded on farther north and another hospital train was to come in bringing us freshly wounded. Our doctors were operating when the message came and it was almost the hour for the noon diets to be served. As quickly as possible all busied themselves with the preparations, did all dressings, fed and dressed seventy men and before all our men had departed, the new cases began to arrive, seventy-two in all, each one brought in on a stretcher directly from the field's first-aid station.

The horrors of the war again came forcibly to us as these one hundred and forty soldiers came and went, all severely wounded, many to be life-long cripples, some to have long weeks of suffering and then to return to fight again for their country and others with only a few hours or days to live. The wounds were severe, mostly leg and hip wounds, although there were five lung-shots and three head wounds amongst them. There were several compound-fractured femurs, several shattered elbows and shoulders and often one man would have two or three injuries. Their fortitude was wonderful and we could not work fast enough in our efforts to make them more comfortable; undressing, bathing and feeding them and dressing their wounds. They were weary and fell asleep as if they were so many tired children.

In the days following patients came and went, the same routine continuing in our work of rapidly discharging to interior *lazarett*s and quickly receiving fresh cases. There was considerable tenseness in the atmosphere, in the town, as the active points were not far distant, one only twenty-five miles away, which isn't far in this age of long reaching guns.

The work of the surgeons is most conservative and protective, so the percentage of amputations has been very small. Infected wounds are many, in fact the percentage of uninfected wounds is very small. There was one transfer of twenty-five men received, coming from their first-aid on the field to one of the smaller *kliniks* within twelve hours of injury, and all of these wounds remained uninfected under alcohol, iodine and dry dressing treatment. Another interesting feature has often been noted and that is that the men coming from the same engage-

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ment are almost always injured in the same part of the body, hip, shoulder, leg or arm. In tabulating once the cases in one of the outside *kliniks* it was found that out of twenty cases which came from one particular point 75 per cent were injured on the left side of the body: foot, leg, hip and shoulder wounds. We have had a smaller percentage of abdominal wounds, but there has been considerable abdominal operating, appendices and hernias. The surgeons have been asked to do operations in other *lazarets* and a great number of cases have been transferred from other stations to the Viktoria. Practically analyzed, it is the work of an accident or emergency hospital except that the patient enters in the uniform of a soldier instead of in the dress of a workman. Tourniquets are always in use, for hemorrhages are frequent, not after operation but following the injury.

The duties of the night nurses and the operating room nurses have been the most arduous, particularly in the beginning, when the patients came and went so rapidly and the work of the unit was in the process of organization.

AN ACCIDENTAL CASE OF STRYCHNINE POISONING

By BEA W. GRAVES, R.N.

Seattle, Washington

An unusual case came under my observation last summer in A——, a little summer resort in Montana. I was called by telephone at six a.m. from my ranch home, a team was sent out for me and after a hurried five and a half mile ride over the hills, we arrived at my patient's home. Everything was extremely quiet.

Dr. B. met me in the living room, his face grave and anxious. "It is a case of accidental strychnine poisoning," he said, "Mrs. H., a very close call. If she lives three more hours, I think we can save her." We entered her room. The patient, a woman past fifty, whom I had met many times, I should never have recognized. Her body lay straight and rigid except for a restless movement of her arms. Her face, grayish in color, was drawn and haggard, the nether lip pushed out and over the upper one. The eyes were closed and sunken, the respiration labored, a low moan escaped her lips occasionally.

After taking her pulse and giving a few directions to her son, sitting beside her, the doctor motioned me to withdraw to the other room, where I received my orders and a short history of the case. "We must keep her absolutely quiet," he said, "a sudden noise will send her into convulsion or something merely touching her. If there is the least